

County: La Crosse  
 MULDER HEALTH CARE FACILITY  
 P. O. BOX 850

Facility ID: 5810

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WEST SALEM 54669 Phone: (608) 786-1600  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 91  
 Total Licensed Bed Capacity (12/31/01): 98  
 Number of Residents on 12/31/01: 88

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 85

Corporation  
 Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.2
Supp. Home Care-Personal Care	No					1 - 4 Years		44.3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	1.1	More Than 4 Years		20.5
Day Services	No	Mental Illness (Org./Psy)	15.9	65 - 74	4.5			-----
Respite Care	Yes	Mental Illness (Other)	2.3	75 - 84	34.1			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	51.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	9.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	17.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	10.2	65 & Over	98.9	-----		
Transportation	No	Cerebrovascular	18.2		-----	RNs		15.3
Referral Service	Yes	Diabetes	3.4	Sex	%	LPNs		5.4
Other Services	No	Respiratory	6.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	23.9	Male	28.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	71.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	2	3.9	121	0	0.0	0	0	0.0	0	1	11.1	121	0	0.0	0	3	3.4
Skilled Care	1	100.0	119	37	72.5	102	0	0.0	0	10	37.0	132	8	88.9	102	0	0.0	0	56	63.6
Intermediate	---	---	---	12	23.5	84	0	0.0	0	17	63.0	126	0	0.0	0	0	0.0	0	29	33.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		51	100.0		0	0.0		27	100.0		9	100.0		0	0.0		88	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	16.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	3.8	Bathing	1.1	73.9	25.0	88
Other Nursing Homes	2.8	Dressing	19.3	77.3	3.4	88
Acute Care Hospitals	70.8	Transferring	35.2	51.1	13.6	88
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	28.4	53.4	18.2	88
Rehabilitation Hospitals	5.7	Eating	58.0	33.0	9.1	88
Other Locations	0.9	*****				
Total Number of Admissions	106	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.4	Receiving Respiratory Care		6.8
Private Home/No Home Health	35.0	Occ/Freq. Incontinent of Bladder	44.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	2.9	Occ/Freq. Incontinent of Bowel	33.0	Receiving Suctioning		0.0
Other Nursing Homes	6.8			Receiving Ostomy Care		1.1
Acute Care Hospitals	15.5	Mobility		Receiving Tube Feeding		1.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.4	Receiving Mechanically Altered Diets		10.2
Rehabilitation Hospitals	0.0					
Other Locations	6.8	Skin Care		Other Resident Characteristics		
Deaths	33.0	With Pressure Sores	9.1	Have Advance Directives		98.9
Total Number of Discharges		With Rashes	12.5	Medications		
(Including Deaths)	103			Receiving Psychoactive Drugs		62.5

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.3	82.7	1.02	85.1	0.99	84.3	1.00	84.6	1.00
Current Residents from In-County	89.8	82.1	1.09	80.0	1.12	82.7	1.09	77.0	1.17
Admissions from In-County, Still Residing	22.6	18.6	1.22	20.9	1.08	21.6	1.05	20.8	1.09
Admissions/Average Daily Census	124.7	178.7	0.70	144.6	0.86	137.9	0.90	128.9	0.97
Discharges/Average Daily Census	121.2	179.9	0.67	144.8	0.84	139.0	0.87	130.0	0.93
Discharges To Private Residence/Average Daily Census	45.9	76.7	0.60	60.4	0.76	55.2	0.83	52.8	0.87
Residents Receiving Skilled Care	67.0	93.6	0.72	90.5	0.74	91.8	0.73	85.3	0.79
Residents Aged 65 and Older	98.9	93.4	1.06	94.7	1.04	92.5	1.07	87.5	1.13
Title 19 (Medicaid) Funded Residents	58.0	63.4	0.91	58.0	1.00	64.3	0.90	68.7	0.84
Private Pay Funded Residents	30.7	23.0	1.33	32.0	0.96	25.6	1.20	22.0	1.39
Developmentally Disabled Residents	1.1	0.7	1.62	0.9	1.24	1.2	0.97	7.6	0.15
Mentally Ill Residents	18.2	30.1	0.60	33.8	0.54	37.4	0.49	33.8	0.54
General Medical Service Residents	23.9	23.3	1.02	18.3	1.30	21.2	1.13	19.4	1.23
Impaired ADL (Mean)	43.2	48.6	0.89	48.1	0.90	49.6	0.87	49.3	0.88
Psychological Problems	62.5	50.3	1.24	51.0	1.23	54.1	1.16	51.9	1.20
Nursing Care Required (Mean)	5.1	6.2	0.82	6.0	0.85	6.5	0.78	7.3	0.70